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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/461,087 12/14/1999 ABN

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/22/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 1	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

26158

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TITLE

Method of treating cognitive deficits in learning an memory

FILING FEE RECEIVED 1619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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